

K.I.B.S. SITE
REV. MARCH 2004

PLAN APPLICATION FORM

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
Department of Public Protection
Office of Housing, Buildings & Construction
Division of Building Code Enforcement
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
502/573-0373



NOTE: Please indicate the Manufacturer's KIBS Model # or IBC Label number here: _____ - _____ - _____ DATE: _____

NAME OF PERSON SUBMITTING PLANS _____		PHONE () _____ - _____		IS THE SITE REVIEW FEE INCLUDED WITH PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS: _____					
		NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE	
BUSINESS & PROJECT NAME: _____					
PROJECT LOCATION: _____					
		NO./ STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes)		CITY COUNTY	
OWNER OR CUSTOMER: _____					
		PHONE () _____ - _____			
MAILING ADDRESS: _____					
		NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE	
ARCHITECT (NAME & FIRM) _____					
		PHONE () _____ - _____			
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAILING ADDRESS: _____					
		NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE	
DEALER NAME: _____					
		PHONE () _____ - _____			
MAILING ADDRESS: _____					
		NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE	
MANUFACTURER NAME: _____					
		PHONE () _____ - _____			
MAILING ADDRESS: _____					
		NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE	
SITE CONTRACTOR: _____					
		PHONE () _____ - _____			
MAILING ADDRESS: _____					
		NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE	

00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 **BUILDING INFORMATION** 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00

NUMBER OF BUILDINGS IN THIS SUBMITTAL: _____		USE OF BUILDING(S) i.e.... office, classroom, storage or other (please specify) _____	
BUILDING(S) IS / ARE: <input type="checkbox"/> NEW FREESTANDING BUILDING <input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE <input type="checkbox"/> CONNECTED TO EXISTING STRUCTURE WITH CANOPY OR WALKWAY			
BUILDING MEASUREMENTS: _____ WIDE BY _____ LONG		TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT. ²	
NUMBER OF LEVELS (INCLUDING BASEMENT) _____			

<table> <tr> <td style="width: 33%;">1. DOES THIS BUILDING HAVE PLUMBING?</td> <td style="width: 15%;"><input type="checkbox"/> YES</td> <td style="width: 15%;"><input type="checkbox"/> NO</td> </tr> <tr> <td>2. IS THE PLUMBING INSTALLED AT FACTORY?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>3. IS PLUMBING INSTALLED ON-SITE BY KY PLUMBER?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>	1. DOES THIS BUILDING HAVE PLUMBING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. IS THE PLUMBING INSTALLED AT FACTORY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. IS PLUMBING INSTALLED ON-SITE BY KY PLUMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NOTE: IF ANSWER TO #3 IS YES THEN SUBMIT 3 ADDITIONAL PLUMBING PLANS, 3 PLAN APPLICATION FORMS AND COMPLETE PLUMBING INFORMATION SECTION ON EACH PLAN APPLICATION FORM.
1. DOES THIS BUILDING HAVE PLUMBING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO								
2. IS THE PLUMBING INSTALLED AT FACTORY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO								
3. IS PLUMBING INSTALLED ON-SITE BY KY PLUMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO								

00 00 00 **THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)** 00 00 00

DESIGN CAPACITY OF BUILDING: NO. OF MALES _____ NO. OF FEMALES _____		ARE RESTROOMS ACCESSIBLE TO PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SEWAGE DISPOSAL: <u>TYPE:</u> <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE		ARE RESTROOMS ACCESSIBLE TO DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> STREAM			
IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____			
BY WHOM: _____			
		NAME TITLE REGISTRATION NUMBER	

THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)

REVIEWED BY: _____		
		NAME TITLE DATE
APPROVED BY COUNTY OR DISTRICT HEALTH DEPARTMENT: _____		
NAME OF HEALTH DEPARTMENT		

K.I.B.S. SITE SUBMITTAL CHECKLIST

THE SITE SUBMITTAL SHALL INCLUDE THE FOLLOWING:

- ☐ Site Plan & Site Survey or Plot Plan.
- ☐ Foundation Plan & Section Detail and Anchoring Details.
- ☐ Construction details of any site-built structures such as walkways, canopies, connectors etc.
- ☐ Construction Details of Exit Stairs, Landings, Ramps, Guardrails and Handrails.
- ☐ Site Plan Review / Inspection Fee (7.5 cents per Ft.² or Minimum of **\$200**)
- ☐ 3 complete plumbing plans and 3 copies of this form If Plumbing Installed On-site.

THIS AREA FOR DEPARTMENT USE ONLY

FOR YOUR INFORMATION ONLY

1.

A Plan Submission Application Guide (PSAG) describing the plan submission procedures is available upon request. Copies may be obtained by calling or writing to the Department of Housing, Buildings and Construction, Division of Building Code Enforcement or the Division of Plumbing. Our telephone numbers are: Building Codes 502/573-0373 or Plumbing 502/573-0397. Local Boards of Health should also be aware of these procedures.
2.

KRS Chapters 322 & 323 should be consulted to determine the requirements for a Registered Design Professional such as an Architect and / or Engineer
3.

PLUMBING: Plumbing installations shall be made in conformance with the State Plumbing Code. The plumbing systems shall be shown in plan view and elevation view (Riser Diagram). These plans shall indicate the location of all fixtures, water distribution system and soil, waste & vent pipe systems. The size and material of all soil, waste & vent piping shall be clearly stated on the plans.
4.

Check the regulations that may be applicable to the building type, such as: Kentucky Food Services Regulation, Kentucky Youth Camp Regulation, Kentucky Retail Food Market Regulation, etc..

???? HOW MANY SETS OF PLANS TO SUBMIT ????

I.

NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED: Of the number of plan sets required, at least one shall be a complete set of construction documents and the remaining sets may consist of plumbing plans only. **Note: When submitting plans for specialized systems such as fire alarm or fire sprinkler systems, only one(1) set of plans is required. Any plan submittal that does not involve plumbing should only have one(1) plan for the Division of Building Code Enforcement.**

NOTE: A plan set consists of 1 plan and 1 plan application form.

NOTE: When copying this form it is not necessary to copy this side.

INDICATE NO.
OF PLAN SETS
REQUIRED.

1)

Counties or Cities not listed below - One(1) complete plan set and three(3) plumbing plan sets for a total of four(4)plan sets----

2)

a) If in the city limits of Louisville - One(1) complete plan set and five(5) plumbing plan sets for a total of six(6) plan sets-----

b) If in Jefferson County and not within Louisville City Limits -
One(1) complete plan set and four(4) plumbing plan sets for total of five(5) sets-----

NOTE: ALWAYS CHECK TO SEE IF ARCHITECTURAL REVIEW IS REQUIRED IN FRANKFORT BY THE DIVISION OF BUILDING CODES

TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED-----

II.

ADDITIONAL PLAN SETS REQUIRED:

1)

Project has a swimming pool - add one(1) plumbing plan set-----

2)

Project has a private water supply - add one(1) plumbing plan set-----

3)

Project has a private sewage disposal system with treated effluent - add one(1) plumbing plan set-----

TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED-----

SPECIAL PERMITS ARE REQUIRED FOR WATER SUPPLY AND WASTE WATER DISCHARGE PROJECTS

Applications and fees are required to be submitted to the Department of Housing, Buildings and Construction or the Division of Water of the Natural Resources Cabinet for the following facilities:

1.

WASTE WATER DISCHARGE PROJECTS

a.

Private packaged treatment plant with surface discharge.

b.

Sanitary sewer extension that includes a manhole or lift station.

c.

Extension or addition to a sanitary sewer district with no building structures involved.

d.

Individual pre-treatment facilities.

2.

WATER SUPPLY PROJECTS

a.

Private water supply to individual structure (**Excluding Single Family Dwellings**).

b.

Addition to city or county water districts.

c.

Water supply treatment plants

TO OBTAIN SPECIAL APPLICATION FORMS AND TO DETERMINE IF A FEE IS REQUIRED, CONTACT THE NATURAL RESOURCES/ DIVISION OF WATER IN FRANKFORT @ 502/564-3410

If this project involves a plumbing system or plan related to a structure (building) approval, submit one(1) complete plan set and four(4) plumbing plan sets to the following: NOTE: One of the plumbing plan sets will be forwarded to the Division of Water.

DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION

101 SEA HERO ROAD, SUITE 100

FRANKFORT, KENTUCKY 40601-5405

502/573-0397

If this project **does not** involve a plumbing system or a structure (building) approval, submit four(4) plumbing plan sets and appropriate fee to:

DIVISION OF WATER

18 REILLY ROAD, FRANKFORT OFFICE PARK

FRANKFORT, KENTUCKY 40601

502/564-3410